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APPLICATION NO.	ICATION NO. FILING DATE		FIRST NAMED INVENTOR		АТТС	DRNEY DOCKET NO.	CONFIRMATION NO.	
09/057,677	04/09/1998	GEORG & A. NEUMAN		324	-4108	6665		
TITLE OF INVENTION					CH.	1048D2		
Compounds With Sil	icon Oxide	itions For C	oating Gilas	S	g.	101000		
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$0	\$0		\$1510	04/08/2010	
EXAM	EXAMINER		CLASS-SUBCLASS					
BRUNSMAN, DAVID M		1793	428-426000					
 Change of corresponde CFR 1.363). 	nce address or indication	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys ADDREW C. SIMINERIO						
(1) the n				the names of up to 3 registered patent attorneys agents OR, alternatively,				
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2 registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.					
3. ASSIGNEE NAME AN	ND RESIDENCE DATA	TO BE PRINTED ON T	L CHE PATENT (print or	type)				
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
PPG Industries Chio, Inc. Cleveland, Ohio								
Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual Corporation or other private group entity 🚨 Government								
la (The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)								
Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card, Form PTO-2038 is attached.								
Advance Order - # of Copies The Director is hereby authorized to charge the required foets), any deficiency, or credit any overpayment, to Deposit Account Number								
<u></u>			overpayment, to D	epósit Account Numbe	16	2025 (enclose an	extra copy of this form).	
. Change in Entity State	us (from status indicated SMALL ENTITY status	,	☐ b. Applicant is no	onger claiming SMAI	I IZNIT	TITY status See 37 CE	D 1 27(α)(2)	
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nterest as shown by the re	cords of the United State	es Patent and Trademark	Office.	ar the approxim, a region			- assignee of other party in	
Authorized Signature	Indre C	Nune Simineri	2	Date <u>Ju</u>	ne	3, 2010 30, 803		
Typed or printed name	Andrew C	· Simiheri	<u></u>	Registration N	o	30,803		
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